



# CITY OF EUREKA

531 K Street  
Eureka, CA 95501  
[www.ci.eureka.ca.gov](http://www.ci.eureka.ca.gov)

## REQUEST FOR QUALIFICATIONS

*for*

## MEDICAL CANNABIS CULTIVATION, PROCESSING

*and/or*

## DISTRIBUTION FACILITIES

**RESPONSES DUE \_\_\_\_\_, 2010**

**Contact Person:**

Sidnie L. Olson, AICP  
City of Eureka  
Director of Community Development  
531 "K" Street  
Eureka, CA 95501  
(707) 441-4265  
[solson@ci.eureka.ca.gov](mailto:solson@ci.eureka.ca.gov)

## **A. INVITATION**

The City of Eureka is inviting submittal of qualifications from collectives or cooperatives interested in applying for permits to establish a medical cannabis cultivation, processing, and/or distribution facility within the city limits of the City of Eureka.

A specific site location where the cultivation, processing, and/or distribution facility would be located is not necessary for submittal of qualifications.

Within the City of Eureka, pursuant to Eureka Municipal Code, Title 15, Chapter 158, MEDICAL CANNABIS: CULTIVATION, PROCESSING AND DISTRIBUTION, a maximum of four cultivation/production facilities shall be permitted within city limits; each of the four cultivation/production facilities will be allowed a maximum of two distribution facilities located within city limits. Only one of the two permitted distribution facilities for each cultivation/production facility may be located off-site of the cultivation/production facility. A maximum of two distribution facilities not associated with any of the four permitted cultivation/production facilities shall be allowed within city limits.

Research, testing, or other similar facilities that cultivate cannabis are considered a cultivation or processing facility and shall be subject to all applicable regulations and limitations for a cultivation or processing facility.

Cultivation, processing and/or distribution facilities shall only be allowed upon the granting of a conditional use permit as prescribed in Chapter 158. The fact that a collective or cooperative possesses other types of state or City permits or licenses does not exempt them from the requirement of obtaining a conditional use permit.

A conditional use permit is a discretionary permit and an invitation to a collective or cooperative by the City of Eureka to submit an application for a conditional use permit does not guarantee approval of the conditional use permit.

## **B. SUBMITTAL DEADLINE**

Qualifications may be submitted by snailmail (USPS) or by email. The deadline for the city to **receive** the submittals is 5:00 p.m. on \_\_\_\_\_, 2010.

**No late submissions will be accepted.**

Submit qualifications to:

Sidnie L. Olson, AICP  
City of Eureka  
Director of Community Development  
531 "K" Street  
Eureka, CA 95501

[solson@ci.eureka.ca.gov](mailto:solson@ci.eureka.ca.gov)

### **C. SUBMITTAL REQUIREMENTS**

To be considered, the Collective or Cooperative must submit an informative statement of interest to the City, which includes the following information:

1. A list of the Board of Directors and their resumes.
2. The business experience of the principals involved in the collective or cooperative.
3. A business plan.
4. For a Cultivation/Processing Facility.
  - a. The equipment and methods employed in the cultivation or processing of the medical cannabis.
  - b. How the cultivated and/or processed medical cannabis will be transported to the distribution facility and/or to qualified patients.
  - c. The hours and days of the week the medical cannabis cultivation or processing facility will be open.
  - d. The number of persons, per shift, who will be working at the cultivation or processing facility.
  - e. The security measures that will be employed at the premises, including but not limited to: lighting, alarms, and automatic law enforcement notification.
  - f. The measures taken to minimize or offset energy use from the cultivation or processing of medical cannabis.
  - g. The chemicals stored or used at the premises.
  - h. The type and quantity of all effluent discharged into the City's wastewater and/or stormwater system
5. For a Distribution Facility.
  - a. The estimated number of members/qualified patients served by the distribution facility.
  - b. The hours and days of the week the distribution facility will be open.
  - c. The number of persons, per shift, who will be working at the distribution facility.
  - d. The security measures that will be employed at the premises, including but not limited to: lighting, alarms, and automatic law enforcement notification.
  - e. The chemicals stored or used at the premises.
  - f. The type and quantity of all effluent discharged into the City's wastewater and/or stormwater system.
  - g. A detailed Operations Manual containing, at a minimum:
    - i. The staff screening process including appropriate background checks.
    - ii. The process for tracking medical cannabis quantities and inventory controls.



- iii. A description of the screening, registration and validation process for qualified patients.
- iv. A description of qualified patient records acquisition and retention procedures.
- v. The process for tracking medical cannabis quantities and inventory controls including on-site cultivation, processing, and/or medical cannabis products received from outside sources.
- h. A detailed Cannabis Safety Program, which includes at a minimum, the following:
  - i. The process for documenting the chain of custody of all cannabis and cannabis products from farm to patient.
  - ii. The procedure and documentation process for assuring the safety and quality of all medical cannabis and medical cannabis products effective January 1, 2011 (including, but not limited to, testing for bacteria, mold, pesticides and other contaminants). and
  - iii. The procedure and documentation process for determining patient dosage including testing for the major active agents in the medical cannabis (e.g., cannabinoids THC, CDB and CBN).

#### **D. EVALUATION**

A review committee appointed by the City Council will evaluate each response to the Request for Qualifications and may meet with some or all of the respondents. The respondents may be asked to clarify, supplement or modify certain aspects of the information submitted. The review committee will rank the submittals based on the criteria listed below. One or more respondents may be asked to appear before the City Council.

**Business Experience**

**Business Plan**

**Ability to operate a clean, professional and safe facility**

#### **E. RIGHT TO REJECT**

This Request for Qualifications is not a contract or commitment of any kind of the City of Eureka and does not commit the City to choosing any respondents, or pay any cost incurred preparing the submission. The City, at its sole discretion, reserves the right to accept or reject, in whole or in part, submittals received in response to this request, or to cancel in whole or in part this Request for Qualifications. All submittals will become the property of the City. Failure to provide any of the requested information within the specified submission period may cause the City, at its sole discretion, to reject the submittal or require additional information.